

**CHECKLIST FOR CONSERVATION DISTRICT CERTIFICATION OF  
FULLY IMPLEMENTED  
DAIRY NUTRIENT MANAGEMENT PLAN**

**OPERATOR:** \_\_\_\_\_

**Plan Date:** \_\_\_\_\_ **Operator Certification Date:** \_\_\_\_\_

Note: If any of the below determinations for this plan is "No", then the plan will require modification prior to conservation district concurrence with the producer's certification of implementation.

**Nutrient Balance**

**1. Livestock Animal Units**

- a. Animal units planned for: \_\_\_\_\_  
b. Current animal units: \_\_\_\_\_

**Yes No N/A**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional animal units do not exceed the capacity of the cropland base to utilize the additional nutrients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The additional AUs do not generate waste during the non-application period in excess of the storage facility design capacity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The additional AUs do not materially affect the nutrient or storage provisions of the plan.

Yes	No	DETERMINATION	
<input type="checkbox"/>	<input type="checkbox"/>	The Livestock Animal Units are within the parameters established for this plan	

Recheck	Date:	Initials:
---------	-------	-----------

**2. Cropland**

- a. Cropland base called for in the plan:  
Grass silage \_\_\_\_\_ ac, Corn Silage \_\_\_\_\_ ac, Pasture \_\_\_\_\_ ac  
b. Cropland base at present  
Grass silage \_\_\_\_\_ ac, Corn Silage \_\_\_\_\_ ac, Pasture \_\_\_\_\_ ac

**Yes No N/A**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The ratio of corn to grass land provides nutrient (N) balance for the farm.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New fields substituted for previous, provide equivalent yields for nutrient use and farm balance.

Yes	No	DETERMINATION	
<input type="checkbox"/>	<input type="checkbox"/>	The cropland acreage is within the parameters established for this plan.	

Recheck	Date:	Initials:
---------	-------	-----------

**3. New Land.**

**Yes No N/A**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The new land that is replacing previously leased/rented land has a current nutrient management specification.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The new land supports the same crop yields and crop nutrient requirements as previous land.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site conditions on the new land support waste application when called for in the plan (flood hazard, leaching or runoff potential, odor concerns etc)

Yes	No	DETERMINATION	
<input type="checkbox"/>	<input type="checkbox"/>	New land added to the farm operation through lease, rental, purchase or other arrangement has been incorporated into the nutrient management plan.	

Recheck	Date:	Initials:
---------	-------	-----------

## STRUCTURES AND FACILITIES

### 4. Confinement areas, holding areas or other livestock facilities

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional facilities have been inventoried and are incorporated into the existing plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New location of facilities do not contribute contaminated runoff to a water body.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expanded confinement area does not contribute excess water to the storage facility.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The confinement/holding areas are managed per the existing plan.

<b>Yes</b>	<b>No</b>	<b>DETERMINATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Any changes in location or modification of existing animal confinement areas, holding areas or other livestock facilities has been incorporated into the plan.

Recheck	Date:	Initials:
---------	-------	-----------

### 5. Collection, handling and treatment

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The new system does not add additional water, unaccounted for in the original plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The new system does not contribute contaminated runoff to a water body.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Land application of separated solids is specified in the existing plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Changes to the collection, handling and treatment components comply with the original plan.

<b>Yes</b>	<b>No</b>	<b>DETERMINATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Changes to the methods of collection, handling or treatment of manure is incorporated into this plan.

Recheck	Date:	Initials:
---------	-------	-----------

### 6. Farmsteads and animal feeding or housing facilities

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory and plan for the new farmstead is completed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory of the new barn/housing facility is complete.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Addition of farmstead/housing has been included in the plan.

<b>Yes</b>	<b>No</b>	<b>DETERMINATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Additional farmsteads, animal housing or feeding facilities have been included in the plan.

Recheck	Date:	Initials:
---------	-------	-----------

### 7. Waste Storage Facilities Operation and Maintenance

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Damaged dikes ( ruts, eroded banks, cattle damage, settling, trees on dike )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate freeboard maintained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety measures (fencing, warning signs, pumpwell lids, etc) in place.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dike seeding/vegetation adequate to protect structure ( If "no", describe deficiency: _____ )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Evidence of overtopping of dikes or structure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No excessive solids/sediment buildup in the facility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structure is operated and maintained according to requirements

<b>Yes</b>	<b>No</b>	<b>DETERMINATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Waste storage facility operation and maintenance complies with the plan and practice specifications.

Recheck	Date:	Initials:
---------	-------	-----------

## 8. Storage Time

Required Storage time: \_\_\_\_\_ months  
Actual Storage time: \_\_\_\_\_ months

Yes	No	N/A	
			Increased livestock accounted for with adequate waste storage time and volume
			Additional surface water does not enter the facility from roof or confinement areas
			Rainwater diversion practices maintained
			Other issues (explain) _____
			_____
			The system provides planned for storage time

Yes	No	<b>DETERMINATION</b>
		The waste storage facilities accommodate any changes to the livestock numbers or livestock facilities without adversely affecting the required waste storage time.

Recheck	Date: _____	Initials: _____
---------	-------------	-----------------

## 9. Waste Distribution System

Yes	No	N/A	
			System provides for application to land parcels specified in plan (if "no" explain): _____
			_____
			All distribution system components are functional and operated according to the plan.

Yes	No	<b>DETERMINATION</b>
		The waste distribution system functions properly and is operated and maintained according to the plan and practice specifications

Recheck	Date: _____	Initials: _____
---------	-------------	-----------------

## 10. Waste Collection and Handling System

Yes	No	N/A	
			All distribution system components are functional and operated according to the plan. (if "no", specify): _____
			_____
			_____

Yes	No	<b>DETERMINATION</b>
		The waste collection and handling system functions properly and is operated and maintained according to the plan and practice specifications

Recheck	Date: _____	Initials: _____
---------	-------------	-----------------

## LAND TREATMENT/MANAGEMENT PRACTICES

### 11. Vegetative Practices

Yes	No	N/A	
			Filter strips maintained according to plan and specification, if "no", explain: _____ _____ _____
			Tree/shrub practices maintained according to plan and specifications, if "no", explain: _____ _____ _____
			Relay Crops/cover crops established according to plan and specifications, if "no", explain: _____ _____ _____

Yes	No	DETERMINATION
		Vegetative practices specified in the plan are installed and performing their intended function.

Recheck	Date:	Initials:
---------	-------	-----------

### 12. Livestock Exclusion

Yes	No	N/A	
			Livestock only have access to water bodies where specifically provided by plan
			Exclusion from in-stream crossings is maintained
			Fencing functional
			Livestock water facilities (troughs, nose pumps, etc) are functional
			All livestock facilities are functioning per plan

Yes	No	DETERMINATION
		Livestock Exclusion practices specified in the plan are installed and performing their intended function.

Recheck	Date:	Initials:
---------	-------	-----------

### 13. Discharges or Potential Discharges

Yes	No	N/A	
			Field review of the farmstead and cropland did not disclose any discharges or potential discharges, either newly created or not identified during initial inventory, that would affect water bodies and would cause this operation to potentially be in violation of state or federal law
			Discharges or potential discharges are identified as described: _____ _____ _____ _____

Yes	No	DETERMINATION
		All discharges or potential discharges that could transport sediment, organic matter, nutrients or bacteria to surface or ground water are adequately addressed in this plan

Recheck	Date:	Initials:
---------	-------	-----------

Checklist completed by:

\_\_\_\_\_  
 Technician Date: \_\_\_\_\_